Construction of women's hostels

20. SHRIMATI KANAK MUKHERJEE: Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state:

(a) what is the number of working women's hostels which have been constructed with Central assistance;

(b) what is the number of women who have got accommodation therein;

(c) what was the cost, per hostel, with State-wise breakup; and

(d) who were the sponsors/organisers?

THE MINISTER OF STATE IN THE DEPARTMENTS OF YOUTH AFFAIRS AND SPORTS AND WOMEN AND CHILD DEVELOPMENT IN THE MINISTRY OF HUMAN RESOURCE DEVELOPMENT (SHRIMATI MARGARET ALVA): (a) and (b) Assistance has been provided for construction of 466 Working Women's Hostels to provide accommodation to 29,468 working women (inclusive of Day-care centre facilities for 3603 children in 132 hostels) so far since the inception of the Scheme in 1972-73.

(c) The cost of a Project varies from place to place, time to time and depends on its in-take capacity. The rates of construction are certified by State PWD|CPWD authorities before sanctioning of the project.

(d) Under the Scheme, assistance is provided to the extent of 50 per cent of the cost of land and 75 per cent of the cost of construction or purchase of ready-constructed building to voluntary organisations registered under the Indian Societies Registration Act, 1860 or corresponding State Acts, registered Public Trusts, Local Bodies; Women Development Corporations; Universities; Schools and Colleges of Social Work. Applications are scrutinised and recommended by the State Government/ Union Territory Administration, concerned.

Increase in the incidence of leprosy

21. SHRIMATI KANAK MUKHERJEE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that incidence of leprosy is on the increase; if so, what is the rate of its growth;

(b) what is the total number of patients identified and their per centage to the total population, Statewise;

(c) whether Government have any plans to eradicate leprosy; and

(d) if so, what are the details thereof stating financial allocations, curative and preventive aspects, rehabilitation in socio-economic life?

THE MINISTER OF HEATLH AND FAMILY WELFARE (SHRI MOTI LAL VORA): (a) There is no evidence to show that incidence of leprosy is on increase.

(b) A statement-I is laid on the table of the Sabha. (*See* below)

(c) Yes, Sir.

(d) A statement-II is enclosed. (*See* below)

Statement-I

National Leprosy Eradication Programme

No. of Leprosy cases on record as on June, 1988

Sl. No.	State/UT	Population in lakhs (1981 census)	Cases on record	Per centage
1	Andhra Pradesh	535.5	430536	8.0
2	Arunachal Pradesh	6.3	1538	2.4
3	Assam	199.0	17392	0.9
4	Bihar	699.0	328757	4.7
5	Goa	10.9	2221	2.0
6	Gujarat	341.0	58524	1.7
7	Haryana	129.2	1267	0.1
8	Himachal Pradesh	42.8	4603	1.1
9	J & K	27.0	6113	2.3
10	Karnataka	371.4	129014	3.5
11	Kerala	254.5	78861	3.1
12	Madhya Pradesh	521.8	206747	4.0
13	Maharashtra	627.8	281926	4.5
14	Manipur	14.2	4202	2.9
15	Meghalaya	13.4	1589	1.2
16	Mizoram	4.9	453	0.9
17	Nagaland	7.8	1843	2.4
18	Orissa	263.7	212325	8.0
19	Punjab	167.9	3495	0.2
20	Rajasthan	342.0	16377	0.5
21	Sikkim	3.2	368	1.1
22	Tamil Nadu	484.1	553129	11.4
23	Tripura	20.5	5521	2.7
24	Uttar Pradesh	1108.6	487059	4.4
25	West Bengal	545.8	293527	5.4
26	A & N Island	1.9	1193	6.3
27	Chandigarh	4.5	592	1.3
28	D & N Haveli	1.0	204	2.0
29	Daman, Diu		178	
30	Delhi	62.2	11650	1.9
31	Lakshadweep	0.4	242	6.0
32	Pondicherry	6.0	7064	11.7
	TOTAL	6818.3	3148513	4.6

Statement

The goal of the National Leprosy Eradication Programme is to achieve the arrest of disease activity in all the known leprosy cases in the country by the year 2000 A.D. The steps taken include:

(i) Programme has been made a 100 per cent centrally sponsored scheme. It is a part of 20 point priority programme.

(ii) Annual targets for new case detection, treatment and discharge are given to each State/UT. 4 to 9 lakh new cases are being detected annually and are brought under regular treatment. For the first line the case discharge rate is 10 per cent more than new case detection in 1987-88. This would increase in coming years. Achievements of the last 3 years are indicated below:

(Fig. in lakhs)

	1985-86			1986-87			1987-88		
	Trgt.	Achiv.	%	Trgt.	Achiv.	%	Trgt.	Achiv.	%
1. Case detection	3.81	4.77	125.0	4.2	5.1	121.4	4.2	25.2	123.7
2. Case detection	3.81	4.75	120.0	4.2	4.9	117.0	4.2	5.0	119.0
3. Case detection	3.74	4.46	119.0	4.3	5.1	118.0	5.03	5.7	114.0

(iii) Multi-drug treatment is being extended to endemic districts in a phased manner. At present 69 endemic districts and 5 low endemic districts with 157.0 million population and 20.0 lakh leprosy cases are under such treatment. Another 44 endemic districts are proposed to be brought under MDT during the current year. All 196 endemic districts will be provided MDT coverage by the end of the eighth plan.

(iv) Leprosy cases in other districts not responding to dapsone treatment are being brought under MDT.

(v) Separate infrastructure is being created for early detection and regular treatment. The following units have been established by March '88:

(i) Leprosy Control Unit	708
(ii) Urban Leprosy Centres	943
(iii) SET Centres	7400
(iv) Districts Leprosy Units	252
(v) Temporary Hospitalisation Wards	277
(vi) Sample Survey cum Assessment Unit	41

(vi) Health education activities have been stepped up. Mass media, AIR & Doordarshan are actively involved.

(vii) 45 Leprosy Training Centres including 14 in voluntary sectors have been set up to provide training to various categories of workers providing service to leprosy patients.

(viii) Voluntary Organisations are encouraged to provide health education, rehabilitation and curative services to leprosy patients.

(ix) 13 Leprosy Rehabilitation Promotional units are providing rehabilitation services to leprosy cases in various states. There are proposals to set up another 7 such centres shortly in the MDT districts.

(x) The programme has been subjected to annual independent evaluation since 1986 to validate the reported date.

(xi) Antileprosy drugs are available free of cost and in sufficient quantities.

(xii) Rs. 46.90 crores have been spent during the first 3 years of the 7th Plan. Rs. 17.00 crores have been provided for the current year.

Setting up of a national medical university

22. SHRI N. E. BALARAM:

SHRI CHATURANAN MISHRA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there is no uniformity in the medical education in respect of duration of the courses stipend in the post-graduate courses, subjects taught etc. in the country; and

(b) whether Government propose to set up a national medical university so as to provide uniform medical education in the country?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI MOTI LAL VORA): (a) The Medical Council of India has prescribed minimum requirements by way of staff, accommodation, equipment and also training and teaching programme duration of courses, examination pattern, etc. for both under-graduate and post-graduate courses. These recommendations are approved as Regulations under the provisions of the Indian Medical Council Act and are mandatory. The Medical Council of India conducts periodical inspections to see that these recommendations are followed by all institutions so that uniform standard of medical education is maintained in the country. However, in regard to post-graduate courses, the duration differ from University to University. Some universities are having two years course and some are having three years courses. The rate of stipends to post-graduate students also varies from State to State.

(b) There is no proposal to set up a national medical university to provide uniform medical education in the country.

Making of a Film Sahaja

23. SHRI THOMAS KUTHIRAVATTOM: Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state:

(a) whether it is a fact that film titled 'SAHAJA' was made by Aravindan in connection with the Festival of India in USSR;

(b) whether it was shown in the USSR; if not, the reasons therefor;

(c) what is the total expenditure which was incurred on this film and who is responsible for incurring the expenditure; and